QUESTIONNAIRE
TOBACCO SMOKE RETENTION PROJECT

Test Subject: A _____ Marital Status (S M W (D))

Address Columbus, Ohio _____ Sex Female _____

Age 26 Occupation Secretary _____ Date August 21, 1959 _____

Height (in.) 69-1/2 _____ Weight 145 _____

1. Do you smoke? _____ Yes X No _____

2. Have you ever smoked? _____ Yes _____ No _____

If yes, what type, quantity and duration of smoking? _____

Menthol filter, 1-1/2 to 2 packs a day, since 1952

3. Do you now have a respiratory illness? (cold, bronchitis, flu, virus, etc.) Yes _____ No X

4. Have you recently had a respiratory illness? Yes _____ No X

5. Do you have any of the following diseases or symptoms?

	Yes	No		Yes	No
Influenza		X	Heart Disease		X
Pneumonia		X	Cough		X
Sinusitis		X	Expectoration		X
Asthma		X	Wheezing		X
Tuberculosis		X	Shortness of Breath		X
Other Respiratory Disease			Chest Pain		X

Explain yes answers:

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Source: https://www.industrydocuments.ucsf.edu/docs/lzcl0000